

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application No.	10/664,442
	Filing Date	9/19/2003
	Patent/Registration No.	7241318
	Grant Date	7/10/2007
	Inventor/Owner	Create Co., Ltd.
	Attorney Docket No.	C019-P08137US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number: 33356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

- ☐ 10.40(b)(1)    ☐ 10.40(b)(2)    ☐ 10.40(b)(3)    ☒ 10.40(b)(4): The practitioner is discharged by the client.  
☐ 10.40(c)(1)(i)    ☐ 10.40(c)(1)(ii)    ☐ 10.40(c)(1)(iii)    ☐ 10.40(c)(1)(iv)  
☐ 10.40(c)(1)(v)    ☐ 10.40(c)(1)(vi)    ☐ 10.40(c)(2)    ☐ 10.40(c)(3)  
☐ 10.40(c)(4)    ☐ 10.40(c)(5)    ☐ 10.40(c)(6)

### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence and address and direct all future correspondence to:
- ☒ The address associated with Customer Number: 24335

OR

<input type="checkbox"/> Firm/Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Douglas N. Larson/		
Name	Douglas N. Larson	Registration No.	29401
Date	December 2, 2008	Telephone No.	805-230-1350

NOTE: Withdrawal is effective when approved rather than when received. Unless there are 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.